

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To:	Durable Medical Equipment (DME) Providers Pharmacists Managed Care Plans	Memorandum No: 05-53 MAA Issued: June 30, 2005 For Information Call: (800) 562-6188
From:	Douglas Porter, Assistant Secretary Medical Assistance Administration (MAA)	Supersedes: 04-49 MAA 05-08 MAA 05-24 MAA
Subject:	Nondurable Medical Supplies and Equipment (MSE): Fee Schedule Changes	

The Medical Assistance Administration (MAA) has revised the Medical Supplies and Equipment Fee Schedule section in MAA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*. The new maximum allowable rates are **effective for dates of service on and after July 1, 2005**.

What has changed?

MAA is matching all of its rates with current Medicare rates. In addition, MAA revised the reimbursement rates for the following Healthcare Common Procedure Coding System (HCPCS) codes from paying 65% of the billed amount to an established maximum payment:

- HCPCS codes A4206-A4210 and A4322 (Syringes and Needles); and
- HCPCS codes A4490-A4510 (Surgical stockings).

HCPCS code A4927 (Non-sterile gloves) "1 unit = box of 100; Quantities exceeding 9 units per month will require prior authorization effective with dates of service 07/01/05".

All changes are in red in the on-line edition of the fee schedule and are indicated with an "Updated" graphic for easier identification when printed.

Billing Instructions Replacement Pages

Attached are replacement pages G.1-G.26 and H.1 of MAA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*.

Changes to the fee schedule are marked in red in the on-line edition and have "Updated" listed next to the change.

Diagnosis Reminders

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits when applicable) or the entire claim will be denied.

Contact Information

Send reimbursement issues, questions, or comments to:

DME Manager
Office of Professional Reimbursement
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
(360) 725-1845
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management Unit (DMEPMU)
Medical Assistance Administration
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
(800) 292-8064
Fax # (360) 586-5299

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.
 - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Medical Assistance***.
 - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Non-Durable Medical Supplies and Equipment (MSE)

Medical Supplies and Equipment (MSE) HCPCS, Modifiers, Descriptions, Rates

HCPCS Modifier	Description	July. 1, 2005 Max.
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Note: When using modifier 59, refer to section G for appropriate utilization.

COMPLIANCE PACKAGING

(Billable only by pharmacists for non-institutionalized at-risk clients.)

Billing provision limited to one (1) month's supply .

A9901	Delivery/set-up/dispensing. Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000867 must be used when billing this item.	\$2.50
T1999	Reusable compliance device/container (e.g., medisets, weekly minders, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per year. EPA 870000864 must be used when billing this item.	\$6.00
T1999	Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.) Included in nursing facility daily rate. Limit of four devices/containers per client, per month. EPA 870000865 must be used when billing this item.	\$3.00
T1999	Reusable compliance device/container, extra large capacity (e.g., medisets, weekly minders, etc.). Included in nursing facility rate. Limit of four devices/containers per client, per year. EPA 870000866 must be used when billing this item.	\$16.91

**Note: Providers may bill reusable compliance devices/containers in any combination, but not to exceed a total of 4 per year.*

EMERGENCY CONTRACEPTION PILLS (ECP) COUNSELING

(Billable only by pharmacists who meet Board of Pharmacy protocols.)

Billing provision limited to one (1) month's supply .

S9445	Patient education, not otherwise classified, non-physician provider, individual, per session.	\$13.50
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SYRINGES AND NEEDLES

Billing provision limited to one (1) month's supply .

A4206	Syringe with needle, sterile 1cc, each. Included in nursing facility daily rate.	\$0.24
A4207	Syringe with needle, sterile 2cc, each. Included in nursing facility daily rate.	\$0.24
A4208	Syringe with needle, sterile 3cc, each. Included in nursing facility daily rate.	\$0.24

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
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Note: When using modifier 59, refer to section G for appropriate utilization.

A4209	Updated Syringe with needle, sterile 5cc or greater, each. Included in nursing facility daily rate.	\$0.24
A4210	Updated Needle free injection device, each. Included in nursing facility daily rate.	\$0.16
A4211	Supplies for self-administered injections.	#
A4215	Needles only, sterile, any size, each. Included in nursing facility daily rate.	65%
A4322	Updated Irrigation syringe, bulb or piston, each. Included in nursing facility daily rate. Not allowed in combination with code A4320, A4355.	\$1.40

BLOOD MONITORING/TESTING SUPPLIES

Billing provision limited to one (1) month's supply .

A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips. Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.) Modifier KX or KS required.	\$34.79
A4254	Updated Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each. One (1) allowed per client every 3 months.	\$6.58
A4255	Platforms for home blood glucose monitor, 50 per box.	#
A4256	Normal, low and high calibrator solution/chips. Included in nursing facility daily rate.	\$11.44
A4258	Spring-powered device for lancet, each. One (1) allowed per client every 6 months. Included in nursing facility daily rate.	\$18.05
A4259	Updated Lancets, per box of 100. Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.) Modifier KX or KS required.	\$12.06

PREGNANCY-RELATED TESTING KITS AND NURSING EQUIPMENT SUPPLIES

Billing provision limited to one (1) month's supply .

T5999	Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit. Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs). Prior Authorization required.	\$7.34
E1399	Supply, not otherwise specified (Breast pump kit for electric breast pump. Purchase only. <i>EPA 870000764 must be used when billing this item .</i>)	\$37.92

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
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Note: When using modifier 59, refer to section G for appropriate utilization.

ANTISEPTICS AND GERMICIDES

Billing provision limited to one (1) month's supply .

A4244	Alcohol or peroxide, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.	\$1.06
A4245	Alcohol wipes, per box (of 200). Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.	\$2.33
A4246	Betadine or pHisoHex solution, per pint. Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.	\$2.97
A4247	Betadine or iodine swabs/wipes, per box (of 100). Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.	\$4.72
A4248	Chlorhexidine containing antiseptic 1 ml	#
T5999	Supply, not otherwise specified. (Disinfectant spray, 12 oz. Included in nursing facility daily rate. Maximum of one (1) per client per 6 months. EPA 870000853 must be used when billing this item.	\$5.39

BANDAGES, DRESSINGS, AND TAPES

Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.

Billing provision limited to one (1) month's supply .

A4649	Surgical supply; miscellaneous. Prior Authorization required.	65%
A6010	Collagen based wound filler, dry form, per gram of collagen. Prior authorization required.	\$30.96
A6011	Collagen based wound filler, gel/paste, per gram of collagen. Prior authorization required.	\$2.28
A6021	Collagen dressing, pad size 16 sq. in. or less, each.	\$21.02
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	\$21.02
A6023	Collagen dressing, pad size more than 48 sq. in. Prior Authorization required.	\$190.30
A6024	Collagen dressing wound filler, per 6 inches	\$6.19
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	65%
A6154	Wound pouch, each.	\$14.36
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing.	\$7.35

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$16.44
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing.	65%
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches.	\$5.29
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$9.50
A6201	Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$20.80
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing.	\$34.88
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$3.35
A6204	Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in. with any size adhesive border, each dressing.	\$6.23
A6205	Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing.	65%
A6206	Contact layer, 16 sq. in. or less, each dressing.	65%
A6207	Contact layer, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$7.34
A6208	Contact layer, more than 48 sq. in., each dressing.	65%
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$7.48
A6210	Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$19.92
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$29.37
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$9.70
A6213	Foam dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	65%
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$10.29

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6215	Foam dressing, wound filler, per gram.	\$2.99
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.05
A6217	Gauze, non-impregnated, non-sterile pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.17
A6218	Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	\$0.45
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$0.95
A6220	Gauze, non-impregnated, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$2.58
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6222	Gauze, impregnated with other than water, normal saline or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$2.13
A6223	Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$2.42
A6224	Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing.	\$3.61
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing.	65%
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.61
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing.	65%
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing.	\$4.68
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$6.88
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing.	\$19.19
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.54

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$16.82
A6236	Hydrocolloid dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing.	\$27.25
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.91
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$22.79
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6240	Hydrocolloid dressing, wound filler, paste, per fluid oz.	\$12.24
A6241	Hydrocolloid dressing, wound filler, dry form, per gram.	\$2.57
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$6.07
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$12.31
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$39.28
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$7.27
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$9.92
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	\$23.78
A6248	Hydrogel dressing, wound filler, gel, per fluid oz.	\$16.24
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size.	#
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$1.99
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$3.25
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing.	\$6.34

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	\$1.21
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	\$3.03
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing.	65%
A6257	Transparent film, 16 sq. in. or less, each dressing.	\$1.53
A6258	Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	\$4.30
A6259	Transparent film, more than 48 sq. in., each dressing.	\$10.94
A6260	Wound cleaners, any type, any size (per ounce).	65%
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified. Prior authorization required.	65%
A6262	Wound filler, dry form, per gram, not elsewhere classified. Prior authorization required.	65%
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	\$1.92
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	\$0.12
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	\$0.43
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	65%
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard.	\$1.88
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	\$0.67
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	\$0.17
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.29
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	\$0.56

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	\$0.32
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	\$0.41
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	\$0.67
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	\$1.16
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.75
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	65%
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	65%
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	\$5.91
A6453	Self-adherent bandage, elastic, non-knitted/non-woven,width less than three inches, per yard.	\$0.61
A6454	Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.	\$0.77
A6455	Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard.	\$1.39
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	\$1.28
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated. Prior Authorization Required.	65%
A6502	Compression burn garment, chin strap, custom fabricated. Prior Authorization Required.	65%
A6503	Compression burn garment, facial hood, custom fabricated. Prior Authorization Required.	65%
A6504	Compression burn garment, glove to wrist, custom fabricated. Prior Authorization Required.	65%

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A6505	Compression burn garment, glove to elbow, custom fabricated. Prior Authorization Required.	65%
A6506	Compression burn garment, glove to axilla, custom fabricated. Prior Authorization Required.	65%
A6507	Compression burn garment, foot to knee length, custom fabricated. Prior Authorization Required.	65%
A6508	Compression burn garment, foot to thigh length, custom fabricated. Prior Authorization Required.	65%
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated. Prior Authorization Required.	65%
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated. Prior Authorization Required.	65%
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated. Prior Authorization Required.	65%
A6512	Compression burn garment, not otherwise classified. Prior Authorization Required.	65%
K0620	Tubular elastic dressing, any width, per linear yard.	\$1.14
S8431	Compression bandage, roll.	65%
T5999	Supply, not otherwise specified (Dressing other.) Prior Authorization Required.	65%

TAPES

Unless needed for first 6 weeks postsurgery, all bandages dressing/tapes are included in the nursing facility daily rate.

Billing provision limited to one (1) month's supply .

A4450	Tape, non-waterproof, per 18 square inches.	\$0.09
A4452	Tape, waterproof, per 18 square inches.	\$0.36
A4462	Abdominal dressing holder, each.	\$3.29
A4465	Nonelastic binder for extremity.	65%

OSTOMY SUPPLIES (NOTE: ITEMS IN THIS CATEGORY ARE NOT TAXABLE)

Billing provision limited to one (1) month's supply .

A4361	Ostomy faceplate, each. Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, A4380.	\$18.37
A4362	Skin barrier, solid, four by four or equivalent, each (for ostomy only).	\$3.46

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4364	Adhesive; liquid, or equal, any type, per oz. (for ostomy or catheter) Maximum of 4 allowed per client per month.	\$2.73
A4365	Adhesive remover wipes, any type, per 50. Maximum of one (1) box allowed per client per month.	\$11.32
A4366	Ostomy vent, any type, each.	\$1.30
A4367	Ostomy belt , each. Maximum of two (2) allowed per client every six months.	\$6.82
A4368	Ostomy filter, any type, each.	\$0.26
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	\$2.06
A4371	Ostomy skin barrier, powder, per oz.	\$3.60
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, with built-in convexity, each.	\$4.18
A4373	Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	\$6.28
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.	\$17.18
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.	\$47.58
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each. Maximum of 10 allowed per client per month.	\$4.29
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each. Maximum of 10 allowed per client per month.	\$30.75
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382.	\$15.02
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each. Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383.	\$37.33

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each. Maximum of 10 allowed per client per month.	\$4.61
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each. Maximum of 10 allowed per client per month.	\$24.62
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each. Maximum of 10 allowed per client per month.	\$28.19
A4384	Ostomy faceplate equivalent, silicone ring, each.	\$9.62
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	\$5.10
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each. Maximum of 30 allowed per client per month.	65%
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client per month.	\$4.36
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$6.22
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$9.61
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each. Maximum of 10 allowed per client per month.	\$7.07
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$8.18
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each. Maximum of 10 allowed per client per month.	\$9.04
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	\$2.58
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet.	\$0.05
A4396	Ostomy belt with peristomal hernia support.	#
A4397	Irrigation supply; sleeve, each. Maximum of one (1) allowed per client per month.	\$4.79
A4398	Ostomy irrigation supply; bag, each. Maximum of two (2) allowed per client every 6 months.	\$13.81

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4399	Ostomy irrigation supply; cone/catheter, including brush. Maximum of two (2) allowed per client every 6 months.	\$11.55
A4400	Ostomy irrigation set. Maximum of two (2) allowed per client every 6 months.	\$44.30
A4404	Ostomy ring, each. Maximum of 10 allowed per client per month.	\$1.69
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce.	\$3.40
A4406	Ostomy skin barrier, pectin based, paste, per ounce.	\$5.74
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	\$8.76
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	\$9.87
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	\$6.22
A4410	Ostomy skin barrier, with flange(solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	\$9.04
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each. Maximum of 10 allowed per client per month.	\$5.50
A4414	Ostomy skin barrier, with flange(solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each.	\$4.93
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	\$6.00
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$2.75
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$3.72

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.81
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.74
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each. Maximum of 30 allowed per client per month.	65%
A4421	Ostomy supply; miscellaneous. Prior Authorization required.	65%
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	\$0.12
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each. Maximum of 30 allowed per client per month. Not allowed in combination with A4368.	\$1.86
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$4.75
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$3.58
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each. Maximum of 10 allowed per client per month.	\$2.73
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each. Maximum of 10 allowed per client per month. Not allowed in combination with A4368.	\$2.78
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$6.51
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$8.25
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$8.52

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each. Maximum of 10 allowed per client per month.	\$6.22
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client per month.	\$3.59
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each. Maximum of 10 allowed per client per month.	\$3.34
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each. Maximum of 10 allowed per client per month.	\$3.76
A4455	Adhesive remover or solvent (for tape, cement, or other adhesive), per oz. Maximum of 3 allowed per client per month.	\$1.43
A5051	Ostomy pouch, closed; with barrier attached (one piece) each. Maximum of 60 allowed per client per month.	\$2.07
A5052	Ostomy pouch, closed; without barrier attached (one piece) each. Maximum of 60 allowed per client per month.	\$1.49
A5053	Ostomy pouch, closed; for use on faceplate each. Maximum of 60 allowed per client per month.	\$1.74
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece) each. Maximum of 60 allowed per client per month.	\$1.79
A5055	Stoma cap. Maximum of 30 allowed per client per month.	\$1.44
A5061	Ostomy pouch, drainable; with barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$3.52
A5062	Ostomy pouch, drainable; without barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$2.09
A5063	Ostomy pouch, drainable; for use on barrier with flange (two piece system) each. Maximum of 20 allowed per client per month.	\$2.70
A5071	Ostomy pouch, urinary, with barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$6.01
A5072	Ostomy pouch, urinary, without barrier attached (one piece) each. Maximum of 20 allowed per client per month.	\$3.52

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A5073	Ostomy pouch, urinary, for use on barrier with flange (two piece) each. Maximum of 20 allowed per client per month.	\$3.13
A5081	Continent device; plug for continent stoma. Maximum of 30 allowed per client per month.	\$2.81
A5082	Continent device; catheter for continent stoma. Maximum of one (1) allowed per client per month.	\$10.15
A5093	Ostomy accessory, convex insert. Maximum of 10 allowed per client per month.	\$1.95
A5119	Skin barrier; wipes, box per 50 (for ostomy only).	\$10.51
A5121	Skin barrier, solid, 6 x 6 or equivalent, each, (for ostomy only).	\$7.46
A5122	Skin barrier, solid, 8 x 8 or equivalent, each (for ostomy only).	\$12.22
A5126	Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	\$1.15
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	#

UROLOGICAL SUPPLIES

Billing provision limited to one (1) month's supply .

A4310	Insertion tray without drainage bag and without catheter (accessories only). Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354. Prior Authorization required.	\$7.72
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.	\$14.84
A4312	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344.	\$17.16
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346.	\$17.16

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4314	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.). Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.	\$25.29
A4315	Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.	\$26.39
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation. Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4313, A4346, A4354 or A4357.	\$28.40
A4320	Irrigation tray with bulb or piston syringe, any purpose. Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4322, A4355.	\$5.33
A4321	Therapeutic agent for urinary catheter irrigation.	#
A4326	Male external catheter specialty type with integral collection chamber, each. Maximum of 60 allowed per client per month. Included in nursing facility daily rate.	\$10.79
A4327	Female external urinary collection device; metal cup, each. Included in nursing facility daily rate.	\$42.27
A4328	Female external urinary collection device; pouch, each. Included in nursing facility daily rate.	\$10.45
A4330	Perianal fecal collection pouch with adhesive, each. Included in nursing facility daily rate.	\$7.15
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each. Not to be used with Procedure Code A4358. Included in nursing facility daily rate.	\$3.18
A4332	Lubricant, individual sterile packet, for insertion of urinary catheter, each. Included in nursing facility daily rate.	\$0.12
A4333	Urinary catheter anchoring device, adhesive skin attachment, each. Included in nursing facility daily rate.	\$2.20
A4334	Urinary catheter anchoring device, leg strap, each. Included in nursing facility daily rate. Not allowed in combination with code A4358.	\$4.93

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4335	Incontinence supply; miscellaneous. (Diaper Doublers. Each (age 3 and up)). Included in nursing facility daily rate. See expedited prior authorization criteria.	\$0.36
A4338	Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 3 allowed per client per month. Included in nursing facility daily rate.	\$12.26
A4340	Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each. Maximum of 3 allowed per client per month. Included in nursing facility daily rate.	\$31.75
A4344	Indwelling catheter, Foley type, two-way, all silicone, each. Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.	\$16.02
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each. Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.	\$16.65
A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month). Maximum of 2 allowed per client, per month. Included in nursing facility daily rate.	\$27.83
A4349	 Male external catheter, with or without adhesive, disposable, each. Maximum allowable of 60 per client, per month. Included in nursing facility daily rate.	\$2.02
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each. Maximum of 120 allowed per client per month. Not allowed in combination with A4352.	\$1.81
A4352	Intermittent urinary catheter; coude (curved) tip with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each. Maximum of 120 allowed per client per month. Not allowed in combination with A4351.	\$6.42
A4353	Intermittent urinary catheter, with insertion supplies. Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4351-A4352. Prior Authorization required.	\$7.00
A4354	Insertion tray with drainage bag but without catheter. Maximum of 3 allowed per client per month. Not allowed in combination with A4310, A4357, or K0280-K0281. Prior Authorization required.	\$10.03

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier		Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.			
A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each. Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.	\$8.91
A4356		External urethral clamp or compression device (not to be used for catheter clamp), each. Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.	\$38.79
A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314-A4316 or A4354.	\$9.70
A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$6.45
A4359		Urinary suspensory without leg bag, each. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate.	\$30.07
A4402		Lubricant, per oz. Included in nursing facility daily rate. (For insertion of urinary catheters.)	\$1.60
A4520		Incontinence garment, any type, (e.g. brief, diaper), each. Prior Authorization Required. Included in nursing facility daily rate.	B.R.
A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each. Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.	\$22.58
A5105		Urinary suspensory; with leg bag, with or without tube. Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.	\$40.76
A5112		Urinary leg bag; latex. Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.	\$34.62
A5113	RP	Leg strap; latex, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$4.70
A5114	RP	Leg strap; foam or fabric, replacement only, per set. Included in nursing facility daily rate. RP modifier required.	\$8.94

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
T4521	Adult sized disposable incontinence product, brief/diaper, small, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.55
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.63
T4523	Adult sized disposable incontinence product, brief/diaper, large, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.76
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each. (age 19 and up). Maximum of 240 diapers purchased per client, per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.94
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.90
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.92
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.92

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each. (age 6 and up). Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.92
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.47
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.51
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.49
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each. (3-18 years of age). Maximum of 300 diapers purchased per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.61
T4533	Youth sized disposable incontinence product, brief/diaper, each. (3 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.68

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
T4534	<div style="display: inline-block; transform: rotate(-15deg); background-color: yellow; padding: 2px; font-weight: bold;">Updated</div> Youth sized disposable incontinence product, protective underwear/pull-on, each. (6 - 18 years of age). Maximum of 300 allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.70
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each. (age 3 and up). Maximum of 240 pieces allowed per client, per month. Included in nursing facility daily rate. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant unless modifier 59 is used to designate daytime only usage.	\$0.44
T4536	NU Incontinence product, protective underwear/pull-on, reusable, any size, each. Maximum of 4 per client, per year (age 3 and up). Included in nursing facility daily rate. Modifier NU required.	\$10.91

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier		Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.			
T4536	RR	Incontinence product, protective underwear/pull-on, reusable, any size, each. Maximum of 150 pieces allowed per client, per month (age 3 and up). Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental, reusable diaper or pant.	\$0.76
T4537	NU	Incontinence product, protective underpad, reusable, bed size, each. Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR).	\$13.47
T4537	RR	Incontinence product, protective underpad, reusable, bed size, each. Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU).	\$0.45
T4538	RR	Diaper service, reusable diaper, each diaper. (age 3 and up). Maximum of 240 diapers allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.	\$0.75
T4539	NU	Incontinence product, diaper/brief, reusable, any size, each. (age 3 and up). Maximum of 36 diapers purchased per client per year. Medical exceptions to maximum quantity or age limitation require prior approval. Included in nursing facility daily rate. Modifier NU required.	\$2.73
T4540		Incontinence product, protective underpad, reusable, chair size, each.	#
T4541		Incontinence product, disposable underpad, large, each. <i>For use on the client's bed only. Requires a minimum underpad size of 810 square inches.</i> Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). <i>Minimum size requirement effective retroactive to dates of service on and after January 1, 2005.</i>	\$0.42
T4542		Incontinence product, disposable underpad, small size, each. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR). <i>Noncovered status effective for dates of service on and after April 1, 2005.</i>	#

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July 1, 2005 Max.
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Note: When using modifier 59, refer to section G for appropriate utilization.

BRACES, BELTS, AND SUPPORTIVE DEVICES

Billing provision limited to one (1) month's supply .

A4490	Updated Surgical stocking above knee length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$12.50
A4495	Updated Surgical stocking thigh length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$13.75
A4500	Updated Surgical stocking below knee length, each. Maximum of two (2) pair allowed per client per 6 months. (Enter 2 in the unit field for a pair.)	\$9.50
A4510	Updated Surgical stocking full length, each. (Pantyhose style) Maximum of two (2) pair allowed per client per 6 months.	\$21.00
A4565	Slings. Maximum of two (2) allowed per client per year.	65%
A4570	Splint. Maximum of one (1) allowed per client per year.	65%
E0942	Cervical head harness/halter. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$19.85
E0944	Pelvic belt/harness/boot. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$42.67
E0945	Extremity belt/harness. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.32
L8210	Updated Gradient compression stocking, custom made (includes fitting fee)	65%

DECUBITUS CARE PRODUCTS

Billing provision limited to one (1) month's supply .

E0188	Synthetic sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$26.43
E0189	Lambswool sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.17
E0191	Heel or elbow protector, each. Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.	\$8.49

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) SUPPLIES

Billing provision limited to one (1) month's supply .

A4556	Electrodes, pair.	\$10.32
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Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4557	Lead wires, e.g., apnea monitirs, tens., pair.	\$17.94
A4558	Conductive paste or gel.	\$5.45
A4595	Electrical stimulator supplies, 2 lead, per month, (TENS,NMES), (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient-owned 4-lead TENS unit.	\$28.81
A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.	\$6.25

MISCELLANEOUS SUPPLIES

Billing provision limited to one (1) month's supply .

A4250	Urine test or reagent strips or tablets (100 tablets or strips).	#
A4265	Paraffin, per pound.	#
A4281	Tubing for breast pump, replacement.	#
A4282	Adapter for breast pump, replacement.	#
A4283	Cap for breast pump bottle, replacement.	#
A4284	Breast shield and splash protector for use with breast pump, replacement.	#
A4285	Polycarbonate bottle for use with breast pump, replacement.	#
A4286	Locking ring for breast pump, replacement.	#
A4290	Sacral nerve stimulation test lead, each.	#
A4458	Enema bag with tubing, reusable.	#
A4561	Pessary, rubber, any type.	#
A4562	Pessary, non rubber, any type.	#
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each.	#
A4634	Replacement bulb for therapeutic light box, tabletop model.	#

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
Note: When using modifier 59, refer to section G for appropriate utilization.		
A4639	Replacement pad for infrared heating pad system, each.	#
A4927	<div style="display: inline-block; transform: rotate(-15deg); background-color: yellow; padding: 2px;">Updated</div> Gloves, non sterile, per box of 100. Included in nursing facility daily rate and in Home Health Care rate. 1 unit = box of 100; Quantities exceeding 9 units per month will require prior authorization effective with dates of service 07/01/05.	\$8.82
A4928	Surgical mask, per 20.	#
A4930	Gloves, sterile, per pair . Included in nursing facility daily rate and in Home Health Care rate.	\$0.77
A4931	Oral thermometer, reusable, any type, each.	#
A4932	Rectal thermometer, reusable, any type, each.	#
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.	#
A6410	Eye pad, sterile, each. Maximum of 20 allowed per client per month. Included in nursing facility daily rate.	\$0.39
A6411	Eye pad, non-sterile, each. Maximum of 1 allowed per client per month. Included in nursing facility daily rate.	\$2.35
A6412	Eye patch, occlusive, each.	#
T5999	Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each. Limit two per month). Included in nursing facility daily rate. <i>EPA 870000863 must be used when billing this item.</i>	\$3.85
T5999	Supply, not otherwise specified. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). Maximum of one (1) allowed, per client, per year . Included in nursing facility daily rate. EPA 870000861 must be used when billing this item.	\$8.91
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.(for use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year). Included in nursing facility daily rate.	\$11.98
T5999	Supply, not otherwise specified.Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). Prior Authorization is required.	65%
S8265	Haberman feeder for cleft lip/palate.	65%

Non-Durable Medical Supplies and Equipment (MSE)

HCPCS Modifier	Description	July. 1, 2005 Max.
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Note: When using modifier 59, refer to section G for appropriate utilization.

End of fee schedule